



Protocols for Emergencies

A wide variety of health-related emergencies can occur in supportive housing projects, and this document described the importance of developing protocols for dealing with

- Medical emergencies
- Psychiatric emergencies
- Incidents resulting from alcohol and/or substance use

Medical Emergencies

Medical emergencies may occur instantly and anywhere. Some medical crises have no warning signs while others give more advanced notice. Programs should have written procedures for reporting medical conditions and responding to medical crises, although basic action usually involves calling for emergency medical services and transportation to a hospital.

Staff should be aware of individual health and medical histories and potential issues such as heart problems, diabetes, seizure disorders, asthma, and substance and alcohol use. This information can help staff members identify potential medical emergencies before they occur. Training in cardiopulmonary resuscitation (CPR), universal precautions, and first aid provide staff members with basic skills to respond to medical emergencies. Similarly, being able to identify warning signs of distress, such as impaired motor abilities or slurred speech, or being responsive to a sudden change in the course of an acute disease can save lives and give everyone greater ease and comfort.

Programs should ensure the availability of standard supplies necessary for staff to follow universal precautions, such as gloves, shields for mouth-to-mouth resuscitation, and bleach.

In the event of a medical emergency, the staff should assist medical personnel to locate the tenant and provide any applicable medical information. Staff members on all shifts should be able to access basic medical information and emergency contact information.

Sample Policy and Procedure for Medical Emergencies

The following represents an example of a protocol. Policies and procedures for an individual program must be consistent with local laws and regulations and should take into account staffing levels and other conditions specific to that program.

Medical emergencies are defined as situations in which a person complains or has symptoms of acute or serious distress (e.g., persistent chest pains, loss of consciousness, seizures, lack of pulse, severe bleeding) or is debilitated or incapacitated.

- Only if it will not cause a dangerous delay, the staff should determine with the program supervisor if a call for emergency services is warranted. Once this is determined, make the call immediately.

Note: This document is included within the *Housing Operations* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from CSH's publication *Developing the "Support" in Supportive Housing*, which is available at www.csh.org/publications.

- Indicate to the emergency service operator that this is a medical emergency. The operator will connect the staff to Emergency Medical Services (EMS).
- The operator will first ask if the person is breathing and what the specific nature of the emergency is. The operator will ask questions about age, gender, medical history, and any information related to the incident. For example, if the tenant is complaining of chest pains, they may ask if there is a history of heart disease.
- The operator will ask for the name of the caller, telephone number, and location.
- At this point, immediately notify the front desk staff that Emergency Services has been called. Instruct the staff where to direct the service personnel and provide the location of the tenant.
- For medical emergencies, the police may or may not respond. Emergency services personnel will request basic identifying information for their records including age, gender, current medications, and medical history. Staff members should escort emergency service personnel to the tenant. They will take vital signs and assess if the tenant needs to be transported to the hospital. If the tenant refuses to go to the hospital, emergency services will contact a supervisor. The supervisor may ask to speak to the tenant directly on the phone. The supervisor can overrule the tenant's wishes and authorize that the tenant be taken involuntarily.
- A staff member should accompany the tenant to the emergency room when possible.
- If a staff member does accompany the tenant to the emergency room, he/she should act as advocate and offer support to the tenant during the waiting process.
- After emergency services personnel have left, staff members should communicate and appropriately document the event. Contact the appropriate staff members and provide follow-up details, record the incident in the logbook, and write an incident report.

Psychiatric Emergencies

Tenants who have mental illness can “decompensate” psychiatrically. A person decompensates when his/her ability to control behavior is diminished, resulting in a deterioration of functioning. In most situations, an individual who is decompensating psychiatrically can avoid a crisis if the condition is immediately evaluated, addressed, and monitored. The staff should be alert to potential cues and pay particular attention to changes in behavior so as to offer support and psychiatric follow-up. Signs that may indicate early stages of decompensation can be emotional and/or behavioral, including:

- Shifts in sleeping and eating patterns
- Deterioration in personal hygiene activities or other daily living skills
- Medication noncompliance
- Increased isolation
- Increased agitation
- Increased paranoia
- Depression or mania
- Psychosis (hallucinations or delusions)

Many things can contribute to or cause a person to decompensate. If an individual's usual coping mechanisms are ineffective, for whatever reason, the potential for decompensation increases. Some

common risk factors include:

- Loss of usual support (e.g., loss or death of a friend or family member)
- Medication changes
- Substance and alcohol use
- Severe or prolonged stress
- Physical illness
- Conflicts
- Sleeplessness

Significant changes in behavior should alert staff and trigger a supervisory review. Intervention is usually required, and service staff should work with the tenant to slow or reverse decompensation (e.g., increase staff contacts, obtain a psychiatric evaluation, seek adjustment of medication prescriptions). If necessary, the individual should be continually assessed for potential harm to oneself or others. Program staff members should be made aware of significant changes in mental health status. If functioning continues to deteriorate or the individual is assessed to be a danger to self or others, inpatient hospitalization should be considered. Careful documentation is important to track and identify changes in behavior patterns. Ensuring the safety of the tenant and those around him/her at all times is critical.

People who are psychotic sometimes isolate themselves and thereby limit the likelihood of getting treatment. It is usually helpful to counter the pull toward isolation by encouraging participation in whatever ways are possible. This may aid in achieving an agreement to seek psychiatric treatment. In the interim, the staff should be working with a psychiatrist while simultaneously trying to serve as a bridge to psychiatric treatment.

There should be an action plan in place to involuntarily hospitalize an individual who becomes a danger to self or others, and the program should provide the staff with any resources necessary to address and support individuals who are at risk and destabilized. Line staff usually require additional supervisory support with cases requiring involuntary hospitalization. Staff support and involvement throughout the hospitalization process usually ensures better outcomes.

Sample Policy and Procedure for Psychiatric Emergencies

The following represents an example of a protocol. Policies and procedures for an individual program must be consistent with local laws and regulations and should take into account staffing levels and other conditions specific to that program.

Psychiatric emergencies are defined as situations in which a person is experiencing acute psychiatric distress or a psychiatric episode (e.g., marked changes in behavior, thought, mood). Some emergencies may include a person expressing homicidal or suicidal ideation, verbal threats of a serious nature, assault or threat of assault, displaying a weapon, and floridly psychotic or bizarre behavior such as disrobing in public or uncontrollable yelling. Psychiatric emergencies may result in either voluntary or involuntary hospitalization. Involuntary hospitalizations are necessary when it has been assessed that a person is in danger to self or others and will not voluntarily seek hospitalization. While assessing the need to call emergency services, the issue of hospitalization should be raised with the person if possible. For hospitalizations that are voluntary, admissions can be arranged beforehand with the hospital or the managed care/insurance plan. If you suspect that such a discussion could result in violence, flight or overt resistance, the tenant should not be informed of the hospitalization until after emergency services have arrived.

- Move the person to a private space, or if necessary, ask others to stay clear of the area. Keep the tenant supervised and calm in a private space away from other tenants. Two staff members should remain with a tenant in psychiatric crisis, whenever possible.
- Notify all appropriate staff of the incident, including security, administrative staff, and building management staff. Assign roles and coordinate plan for intervention.
- Determine with the supervisor if an emergency services call is warranted. Designate a signal for staff communications around when to make the call.
- If emergency services are called, an operator will ask the nature of the emergency. Indicate this is an emotionally disturbed person (EDP) emergency. The operator will connect you to Emergency Medical Services (EMS).
- When the person is identified as an EDP, the operator will ask the following questions: Do they have a weapon? Are they violent? Do they have a psychiatric history? Are they using substances? Additionally, they will ask general identifying information such as age and gender. It is important that the staff person making the call has this information about the tenant. Also be prepared to quickly and succinctly describe the reason for the call.
- Gather relevant tenant data that will be required by emergency service personnel and/or hospital staff. This information will include the tenant's name, date of birth, social security number, insurance identification, current medications, description and duration of symptoms and behavior, reasons behaviors are dangerous to self or others, history of psychiatric hospitalizations, and name and contact information for primary mental health provider.
- When emergency services personnel arrive, calmly and quickly describe the reason for the call and provide basic identifying and medical and psychiatric information.
- At this point, the person who authorizes transport will want to meet with the tenant and make his/her own assessment. This person has the authority to cancel transport and may decide at this point that the tenant is not a danger to self or others. If staff does not agree with this determination, advocate that the decision be re-evaluated. Highlight important facts from the tenants' psychiatric history or repeat the details of the incident.
- If the authorizing official determines that the person should be transported to the hospital, emergency services will attempt to convince the tenant to go voluntarily. If the tenant does not agree to go voluntarily, he/she may be physically restrained and possibly handcuffed.
- It is generally recommend that a staff person accompany the tenant to the emergency room. Accompany the resident to the hospital in the ambulance, if possible.
- If possible, notify a contact at the emergency room of the person's impending arrival. It is helpful to develop a good working relationship with the local hospital and emergency room staff.
- Upon arrival, present admitting staff with appropriate documentation and request to speak with the attending physician or psychiatrist and the social worker on duty.
- Remain in the emergency room, if possible, until the tenant is admitted. In some cases, the tenant may not have a bed immediately assigned, but will be admitted.
- If the tenant is not going to be admitted, the worker can ask to speak with the attending physician again and advocate for admittance. The staff person can ask for a written statement

from the hospital with reasons for not admitting the tenant. Programs can also document their concerns and ask to put a copy in the hospital medical chart.

- Exchange names and numbers with emergency room staff or the floor staff if the tenant is assigned to a bed at that time.
- Reassure the tenant that members of the staff will be in close contact and make sure the resident knows how to reach the service team. Be sure to follow through with maintaining close contact.
- Update the supervisor and appropriate staff members upon returning to the program. Call the tenant's outpatient psychiatrist and inform them of the hospitalization.
- Document the event in the tenant chart and incident report. Be sure to include all salient information, including contact names and phone numbers.

Incidents Resulting from Alcohol and/or Substance Use

There are instances when substance use can induce a crisis. People use substances for different reasons and are affected by them in different ways, although reduced inhibitions and impaired judgment are most common. When a person enters the housing or program area in an intoxicated state, the chances of an incident occurring increase because the behavior of someone who is "high" is unreliable and unpredictable. Some individuals can become belligerent and more prone to conflict when they are high, while others may go from happy to sad. These situations can also result in overdoses, which are medical emergencies and should be handled accordingly. Indications that an intoxicated person needs medical attention or hospitalization include, but are not limited to, difficulty breathing, seizures, excessive vomiting, and loss of consciousness.

If an intoxicated individual is posing a threat, staff should act to ensure the safety of other staff members, tenants, and the individual. If a situation is becoming unsafe, the police or 911 should be called per site emergency protocols. If the individual does not pose a threat and the police or emergency response unit is not needed, staff members should try to separate the individual from other tenants to avoid potential conflicts. Staff should not work alone when in the company of an individual who is intoxicated and should avoid conflict or confrontation.

Supportive housing programs should have guidelines for responding to excessive substance and alcohol use and guidelines for addressing and following up on substance-induced crises and emergencies.